

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 097936320	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1	1	1	1	1		
2	1						
3							
4	1						
5	1						
6	1						
7	1						
8	1						
9	1						
10	1						
11	1						
12	1						
13	1						
14	3						
15	①						
16	1						
17	1						
18	1						
19	1						
20	1						
21	1						
22	1						
23	1						
24	1						
25	1						
26	4②	L	L	L	L		
27	②4						
28	4	—	—	—	—		
29	4	—	—	—	—		
30	4	—	—	—	—		
31	4	—	—	—	—		
32	4	—	—	—	—		
33	4						
34	④	Z	Z	Z	Z		
35	④	Z	Z	Z	Z		
36	1	①	L	L	L		
37	1	①	L	L	L		
38	2④						
39	1						
40	1						
41	①						
42	①						
43	①						
44	①						
45	①		①	①	①		
46	①		①	①	①		
47	①		①	①	①		
48	①		①	①	①		
49	①		①	①	①		
50	①		①	①	①		
TOTAL IND.	8	J	4	J	4	J	
TOTAL DEP.	16	J	13	J	13	J	
TOTAL CLAIMS	74	J	19	J	19	J	

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